



2019 5k Color Run

U.S. Embassy Kolonia
7:00AM, Saturday October 12, 2019

Name: _____

Age: _____ Phone: _____

Sex: ☐ Male ☐ Female

Release Form (Mandatory)

I do hereby waive release any and all claims against the U.S. Embassy Kolonia, FSM National Olympic Committee and all event sponsors, volunteers, or officials of these organization from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, I understand that color safe powder will be thrown at me to mark that I have reached the proposed routes and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in the 5k Color Run, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

(No one may enter this event without signing the official waiver)

Signature: _____

Date: _____

Release Form for Minors (Mandatory)

I _____, Parent/Legal Guardian of _____ hereby grant my permission to said minor to participate in the 5k Color Run. In consideration of accepting this entry, I the undersigned, intending to be legally bound for said minor, hereby, his/her heirs, executors and administrators, waive and release any and all rights and claims for losses and damages said minor may have against U.S. Embassy Kolonia, FSM National Olympic Committee and all other parties and their representatives, successors and assigns for any and all injuries suffered by said minor in said event. I attest and verify that a licensed Medical Doctor has verified minor's physical condition. Furthermore, I hereby grant for said minor, full permission to any other record of this event for any purpose whatsoever.

(No one may enter this event without signing this official waiver)

Signature: _____ (Parent/Guardian)

Date: _____